



Bib Data Sheet

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/438,030	<b>FILING DATE</b> 11/10/1999 <b>RULE</b> —	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> PERCUS.093A
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*check*  
*Pat 6,135,991*  
*which is CIP of 09/049,867 now US Pat # 6,135,991*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*which is CIP of 08/813,807 now ABD*  
*no name*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 12/10/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 38	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after allowance				
Verified and Acknowledged <i>Examiner's Signature</i> <i>6/15/03</i> Initials				

## ADDRESS

20995

## TITLE

METHODS FOR REDUCING DISTAL EMBOLIZATION

<b>FILING FEE RECEIVED</b> 574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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